Approved for use through 04/30/2003. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** TRADEMARK 09/939,178 TRANSMITTAL Filing Date August 24, 2001 **FORM** First Named Inventor Leonard D. Rood Art Unit (to be used for all correspondence after initial filing) 1771 Examiner Name Elizabeth M. Cole Attorney Docket Number ROODF 103 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication Fee Transmittal Form Drawing(s) to Group Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to Group Х Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request Identify below): Fee Determination Record Request for Refund Express Abandonment Request Return receipt postcard CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Frank H. Foster or Kremblas, Foster, Phillips & Poliich Individual Signature Date CERTIFICATE OF TRANSMISSION/MAILING

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Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. RATENMAPPLICATION FEE DETERMINATION RECORD Application or Docket Number 09/939.178 File No.: ROOD 103 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA **RATE** FEE **RATE** FEE BASIC FEE <sub>\$</sub> 355. (37 CFR 1.16(a) OR \$ TOTAL CLAIMS 10 minus 20 = 0 (37 CFR 1.16(c)) x \$ OR INDEPENDENT CLAIMS 0 = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less then zero, enter "0" in column 2 355.00 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) (Column 3) SMALL ENTITY CLAIMS **HIGHEST** ADDI-ADDI-REMAINING NUMBER **PRESENT AMENDMENT RATE AFTER** TIONAL RATE TIONAL **PREVIOUSLY EXTRA** FEE AMENDMENT FEE PAID FOR Total F ... 7. /JJ OR Minus = 0 19 (37 CFR 1.16(c)) 20 Independent OR Minus (37 CFR 1.16(b)) 3 0 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL 0.00 OR TOTAL (Column 1) (Column 2) (Column 3) ADDIT. FEE ADDIT. FEE CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **AMENDMENT RATE** TIONAL **AFTER** RATE TIONAL PREVIOUSLY **EXTRA** FEE AMENDMENT **FEE** PAID FOR Total OR Minus = (37 CFR 1.16(c)) OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL (Column 1) ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **AMENDMENT** RATE TIONAL **AFTER RATE** TIONAL **PREVIOUSLY EXTRA** FEE AMENDMENT FEE PAID FOR Total \*\* OR Minus = x S Independent OR Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

(37 CFR 1.16(d))

TOTAL

ADDIT. FEE

OR

OR

TOTAL

ADDIT. FEE